

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Sm		9/15/01
O.I.P.E. CLASSIFIER			0/23/00
FORMALITY REVIEW	PAUB	109976	10-24-00
RESPONSE FORMALITY REVIEW	PAUB	109976	12-21-00

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/15/03
2	✓	✓	1/15/03
3	✓	✓	1/15/03
4	✓	✓	1/15/03
5	✓	✓	1/15/03
6	✓	✓	1/15/03
7	✓	✓	1/15/03
8	✓	✓	1/15/03
9	✓	✓	1/15/03
10	✓	✓	1/15/03
11	✓	✓	1/15/03
12	✓	✓	1/15/03
13	✓	✓	1/15/03
14	✓	✓	1/15/03
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Best Available Copy

If more than 150 claims or 10 actions  
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